

# Wisconsin Department of Regulation & Licensing

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## BOARD OF NURSING

### CERTIFICATION OF NURSE-MIDWIFERY DEGREE

**APPLICANT:** Complete the top of this page and forward it to the college or university at which you received your nurse-midwifery degree. Request the college/university to return the completed form directly to the **Wisconsin Board of Nursing**.

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**APPLICANT:** \_\_\_\_\_ \*SS# \_\_\_\_\_  
(optional)

**NAME:** \_\_\_\_\_  
(last) (first) (middle) (other/previous)

**ADDRESS:** \_\_\_\_\_  
(street) (city) (state) (zip)

**NURSE-MIDWIFERY DEGREE PROGRAM COMPLETED AT:** \_\_\_\_\_  
(name of college/university)

**LOCATION:** \_\_\_\_\_ **DATE OF COMPLETION:** \_\_\_\_\_  
(city) (state)

I hereby authorize the \_\_\_\_\_ college/university to furnish the  
WISCONSIN BOARD OF NURSING the information requested below.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

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### DO NOT WRITE BELOW THIS LINE - FOR COLLEGE/UNIVERSITY

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#### COLLEGE/UNIVERSITY:

This is to certify that \_\_\_\_\_  
(name)

successfully completed the nurse-midwifery program at \_\_\_\_\_  
(name of college/university)

\_\_\_\_\_ and completed on \_\_\_\_\_  
(location)

Please provide the title of the degree granted: \_\_\_\_\_

Was this college/university regionally accredited at the time of graduation? YES \_\_\_\_\_ NO \_\_\_\_\_

**SCHOOL SEAL/STAMP**

Signed: \_\_\_\_\_

\*Voluntary, for use in school locating your records.

Title: \_\_\_\_\_

Date: \_\_\_\_\_